

## Senate News September 17, 1999

Quite a few interesting topics were covered at the Senate meeting yesterday. Below is a short synopsis of events.

### Health Care

Tony Glisson began by asking people about their experiences with the health care coverage this year. Here were the responses:

- Dental coverage is pathetic. Could we have a more affordable dental plan? Tony said that they were looking into it but dental coverage was expensive.
- Med Ben had paid for some procedures not covered by the plan. Tony said that they were unaware that this was happening since people are not likely to report coverage that is in their favor. He would look into it.
- Was there any way to control out-of-state benefits once you retire? Tony suggested this was a hot topic and the more people complain, the more likely they will see action. Mary Ellen Miller added that she had just found out that the state will still contribute the same amount (~\$200) if you go out of state so you just need to shop around for another insurance provider when you go out of state. For example if you move to TN, you could find health insurance for \$250/month and Kentucky would pay \$200 and you would only be \$50 out-of-pocket.
- Was there any way to get the indemnity plans to cover more than 80%? Not likely.
- Can WKU get MedBen to add providers to the network? Difficult to do because we have a sort of give and take contract with Center Care Network. However, if there are enough demands for a provider, they might add that provider to the network.
- People in general were pleased with the new policy. They liked the idea of no gatekeeper.

At this point, Tony gave us an overview of what is happening in health care.

- 94% of folks selected the POS plans. Only 19 people chose an indemnity plan.
- Claims: In Jan, when we started, claims were \$2,514; our high so far was in

August at \$649,543; our Grand Total was a whopping \$3,267,583!!!

Tony addressed the concerns about confidentiality. He said that his office has no clue as to anyone's diagnosis. Each month, they do get a report on the service, doctor, and amount.

Right now, pharmacy bills are very expensive (\$400,000) or 21.3% of the total. This number may reflect two factors – the price of prescription drugs has skyrocketed over the past year and we just take a lot of drugs. The rest of the percentages broke down as follows:

- 9.92% office visits
- 11% signs, symptoms (diagnosis category)
- 11% cancer and tumors
- 9.5% mental health (this seemed low to me looking around the room – just kidding)
- 9% urinary tract

1481 cases have been covered so far. Our cumulative cash balance is \$-834,451. (That's right, it is negative!) WKU was projected to have \$3.4 million in claims but we have \$4.7 million. Why?

- Initial assumptions on health were faulty
- "Rich" plan designs – no one anticipated that so many people would select POS high plans
- High utilization of plans
- Enrollment patterns
- Cyclical cost patterns (maybe we are just collectively going through a "sick" time)
- Other Misc.

To sum up – people like the coverage but we are in debt. Actually, we aren't holding the bag because our stopgap insurance provider has to pick up anything in excess of our assumptions so they are the ones actually losing money this year. By contract, they are forced to remain our carrier for another year. After that, unless something is done to get our costs in control, they will probably drop us like a rock and we will have to find another provider who will charge us quite a bit more. Consequently, we need to get costs down and perhaps

encourage people to select other plans and/or change their behavior. Right now, Tony expects:

- All 5 plans will continue
- Premiums will increase
- There will be some changes in co-insurance (For example, right now POS people pay nothing when they have a hospital procedure, that would become a \$50 deductible.)
- Provide incentives for using generic and mail-order drugs (like \$10 co-pay for a generic and \$15 for a brand name)
- Simplify the Vision Plan (\$100 for vision)
- There is no wellness program
- Faculty will be able to use the new health facility but at the same rate as going anywhere else
- POS high Co-insurance payments higher
- No reduction in coverage

By this time, people were getting a little excited about the debt (they probably needed some drugs) so the main conversation centered on raising the co-payments even higher than proposed by HR. People felt that a \$5 increase in co-pay would not change people's behavior. They recommended higher rates, like \$15 or \$20. Otherwise, we could be facing huge health care costs in 2001.

### Post-tenure Review

John Bruni brought an interesting topic to the Senate. He said that annual performance appraisals were being included in the post-tenure review documents. All tenured faculty on the review committee could then read these appraisals. He has concerns that including these forms could be:

- Organizationally Poor Policy – a breeding ground for pitting people against each other. For example, "Hey, I did as much as that guy but my appraisals weren't that good!"
- May not be Legal – Faculty have expectation of privacy. The Regents do not review the President's record in public. Also, it has been suggested that TN courts just ruled that people, who were already tenured, could not be held to the new post-tenure system (change in work rules).
- Not Reasonable – Although committees are suppose to keep everything

confidential, in reality people talk. Right to privacy is usurped.

Therefore, he suggested that before we go down the long road of making everything available, the faculty need to take action.

As a result, we decided to turn the issue over to the Faculty Status and Welfare Committee – requesting a report on the legal issues by October. We are also requesting that people remove appraisals from the post-tenure documents until the October meeting. This was approved by all.

### **Administrative Over-load**

John White proposed a motion that basically required that no work other than work required for teaching or classroom preparation be expected during the first two weeks of each term. This motion is in response to the additional administrative paperwork that was dumped on people as soon as they started school (e.g., annual evaluation forms, action plans). There was a general understanding of his concern. The motion was tabled until the October meeting to perfect wording.

### **Diversity Item**

Dr. Burch has requested that the Senate select some diversity item to be incorporated into the student evaluation forms. If they were not willing to select an item, administration would have to select one, or appoint a committee to select one. There was some discussion at the short time line to make a decision, the validity of using one item to measure tolerance, etc. Faculty decided to appoint a committee to look at the items available and bring back their assessment to the October meeting.

### **Next Month**

Come to the meeting, **Thursday, October 21, at 3:30** to hear about the new governance proposal (it is on the Web and folks tell me it is only about 5 pages – a considerable improvement from last year's rendition of War and Peace). Also, will faculty take a stand on the post-tenure review document? What is the law? All lawyers out there in hyperspace, please contact us with information. Will the White motion pass?

Hope my notes keep you in touch. Seriously, try to make it to the meetings. Everything written is my sole responsibility. Feel free to comment. All praise should go directly to me, all complaints to Ed Wolfe. Linda E. Parry